

#72443

PTO/SB/81 (06-03)

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Application Number	08/888,202
Filing Date	July 7, 1997
First Named Inventor	Julio L. Pimentel
Title	Decreased Fat Absorption...
Art Unit	1642
Examiner Name	Ungar, Susan NMN
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number: 021590

OR

Practitioner(s) named below:

Name	Registration Number
James A. Hinkle	22,221
Greg O'Bradovich	42,945

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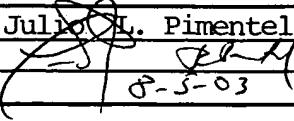
<input checked="" type="checkbox"/> Firm or Individual Name	HINKLE & O'BRADOVICH, LLC			
Address	395 Scenic Highway			
Address				
City	Lawrenceville	State	GA	Zip 30045
Country	US			
Telephone	(770) 995-8877	Fax	(770) 995-0116	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Julio L. Pimentel
Signature	
Date	8-5-03
Telephone	(770) 945-6678

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

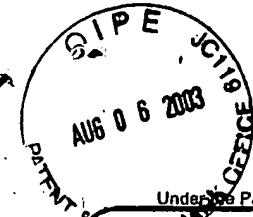
\*Total of One (1) forms are submitted.

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08-07-03

1642



PTO/SB/21 (05-03)  
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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission	2	Attorney Docket Number
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### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; margin-top: 10px;">POWER OF ATTORNEY and CORRESPONDENCE ADDRESS FORM</div>
Remarks		

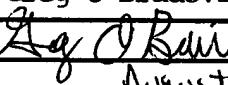
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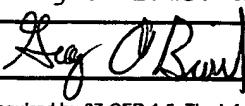
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hinkle & O'Bradovich, LLC Greg O'Bradovich
Signature	
Date	August 6, 2003

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Greg O'Bradovich	Date
Signature		August 6, 2003

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